## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09809145

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column	(Column 1) (Colum		mn 2)	TYPE			OR 1	SMALL	
TOTAL CLAIMS						430	R	ATE	FEE		RATE	FEE
FOR			NUMBER F	NUMBER FILED		NUMBER EXTRA		IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		· 14		×	\$ 9=		OR	X\$18=	252
IND	EPENDENT CL	AIMS	y mir	nus 3 =		X	40=		OR	X80=	80	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+1	135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TC	OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II							<u> </u>				OTHER THAN	
(Column 1) (Column 2) (Column 3)					(Column 3)	SMALL ENTITY			OR	SMALL	,	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	\$	HIGH NUM PREVI PAID	IBER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01 4 ***	=	X	40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM		+1	35=		OR	+270=	
								TOTAL IT: FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							700	,		•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOM	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	independent	*	Minus	***		=	X	40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	35=			+270=	
								TOTAL		OR	TOTAL	
								T. FEE		OR	ADDIT. FEE	
		(Column 1)	1		mn 2)	(Column 3)			<u> </u>			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		-					<b> </b>
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							35=		OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number

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Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FO	·R ·	•	NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
тс	TAL CHARGEA	BLE CLAIMS	34 minus 20=		. /4			X\$ 9=		OR	X\$18=	252
INC	EPENDENT CL	AIMS	4 mir	nus 3 =	* /			X40=		OR	X80=	60
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDED	D - PART II (Column 2) (Column 3)				SMALL	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	1	OR	X\$18=	
	Independent	*	Minus	***	T OL A 11 4	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		<b>ا</b> ا	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_ ′	ADDII. I EE		• .	ADDII. 1 EE	
AMENDMENT B	PAR	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AIM	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		,	+135=		OR	+270=	
							,	TOTAL ADDIT. FEE	-	OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C	S.	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<del>-</del>	=	]	X40=		OR	X80=	
L		NTATION OF M					<b>」</b>	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875